

Statement of Organization CANDIDATE COMMITTEE

*Please read instructions before completing this form. Type of Statement KI NEW □ AMENDED This committee is registering with the This committee is filing an amended Statement of Organization. Virginia State Board of Elections for the first Date Changes Took Effect SBE-issued Committee ID CC-14-00346 **Committee Information** Friends of Fernando Torrez Name of Candidate Campaign Committee 105 N. Washington Street 201 Street Address/PO Box Suite # Committee Alexandria Information VA 22314 City State Zip Code Friends@FernandoTorrez.com 571-781-CITY **Email Address** Daytime Phone # http://www.fernandotorrez.com/ Campaign Website **Candidate Information** Mr Torrez Fernando Salutation Last Name First Name Middle Name Suffix 430 N. Patrick Street Residence Address Apt # Alexandria VA 22314 Candidate Information City State Zip Code ALEXANDRIA CITY 918599063 County or City of Residence Voter Identification # fernando@nanotechcomputers.net 703-298-3008 **Email Address** Daytime Phone # By checking this box, I certify that I am currently registered to vote at the address above. **Election Information Member City Council** Alexandria City Election Office Sought District (if one) Information Republican 2015 November May Special **Political Party** Year of Election Type of Election



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P. Carrier		Tre	asurer Information		4.1	
Treasurer Information	Mr	Arrington	Kenneth	Wayne		
	Salutation 10509 Zic	Last Name on Dr.	First Name	Middle Name	e Suffix	
	Residence /	Address		Apt#	22032	
	City	COUNTY		State 303004421	Zip Code	
		City of Residence		Voter Identification # 703-298-3008		
	Email Addr		that I am currently register	Daytime Phone # red to vote at the address at	bove.	
			mpaign Depository			
Burke & Herbe	ert					
Name of Primary Financial Institution Alexandria VA			Name of Other Fi	Name of Other Financial Institution (if applicable)		
City	Y	State	City	State		
		Co	mmittee Activity			
Dates of Activity	Date Date Date Date	first contribution accepting the contribution acceptance and contribution acceptance acceptanc	ted: 10/24/20 designated: y nomination:		e, write "N/A")	

(continued on next page)



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	Filing Method				
Filing Method	Please indicate the method by which this committee will submit all required campaign finance reports:				
	E File electronically using SBE's Electronic Filing Application.				
	☐ File electronically using an SBE Approved Vendor (Please indicate Name of Vendor:)				
	☐ File paper reports.				
	Signature 10-24-2014				
Signatures					
Candidate's Signature	I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the Code of Virginia). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the Code of Virginia. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.				
	Capilidate's Signature Date				
Treasurer's Signature	I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the Code of Virginia). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the Code of Virginia for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felopy.				
	Kenneth Certifier 10-24-2014 Treasurer's Signature Date				